

Abstract 475

TITLE: Risk Factors for HIV Infection among California African-American Women: Where Is Our Voice?

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BACKGROUND/OBJECTIVES: Nationally, African-American women are affected by HIV in numbers far greater than their relative percentage in the population. Moreover, in a 2-year analysis, Forquera and Truax (1997) found disproportionately high seropositivity rates of HIV among California African-American women who test at public clinics compared to other women. Curiously, few studies have examined the risk factors related to HIV seropositivity among African-American women. This research investigates the specific demographic and behavioral variables associated with California African-American women's risk of HIV infection in a large cohort.

METHODS: Using data from the California Department of Health Services, Office of AIDS, for African-American women who tested for HIV from July 1, 1994, through June 30, 1997 (n = 38,065), we used logistic regression analysis to examine behavioral and demographic variables significantly associated with a positive HIV antibody test result.

RESULTS: Of these clients, 1.4% (n = 532) were HIV positive. African-American women aged 30 to 39 years old (OR = 1.75; 95%CI = 1.42-2.16), 40 to 49 years old (OR = 2.02; 95%CI = 1.58-2.57), and 50 to 59 years (OR = 2.27; 95%CI = 1.49-3.45) were at elevated risk for HIV infection when compared to African-American women from other age groups. Having sex with a known HIV-positive partner (OR = 4.95; 95%CI = 3.75-6.54) and exchanging sex for money (OR = 1.45; 95%CI = 1.10-1.90) were also associated with elevated risk for HIV infection. Other significant behavioral risks for African-American women were injection drug use (OR = 2.51; 95%CI = 1.93-3.25), other drug use [non-injection] (OR = 1.65; 95%CI = 1.19-2.27), and the use of blood products (OR = 1.76; 95%CI = 1.12-2.78).

CONCLUSIONS: Findings suggest that demographic and behavioral risk factors associated with HIV infection among California African-American women are analogous to those found among California women in general. However, unique behavioral factors related to HIV infection in this sample include risks through blood products and unidentified drug use. The nature of these unique risk factors warrants further investigation into the risk behavior of African-American women. The implementation of ethnographic community studies may elucidate a culturally relevant understanding of factors that put African-American women at risk. This information may provide basis for developing more effective HIV prevention services.

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